

# CMH EMS Newsletter

January 2017 Volume 3 Issue 5



## NOTES FROM NEAL

Another year is behind us. We have had a good year, have accomplished a lot as a department, and we have moved forward. Our department leaders have met with Jeff several times and he worked through a strategic planning process with us. One of the things we needed to do was to develop a department mission statement. After a lot of collaboration and ideas thrown around, we have developed our mission statement. The statement is our mission and is what we strive to do each day.

### *CMH EMS Mission Statement*

*To provide safe, exceptional and compassionate care to our communities with an emphasis on highly trained and empowered EMS staff.*

As we go about our work each day, this is what we do. I am proud of our department and what we do. The work we do is hard, and it is done in all conditions. We are expected to respond to our communities and hospital and take care of the problems, regardless of what it is. We take care of all ages of patients, across the whole socio-economic spectrum. It is a tough job that brings a lot of satisfaction at the end of the day.

I had a conversation recently with a crew that had taken care of a patient that needed more than medical help. We had taken care of this patient several times recently. The crew wanted to get the patient the help they needed and they had talked to the ER Nurse, Social Service, but continued to be concerned that the best thing was not being done for the patient. They asked, "Is there something else we can do?" We came up with an idea and they followed up trying to do what was best for the patient. I hear stories about what crews do very frequently that is above and beyond.

*Continued on page 4*

## FROM THE DESK OF THE C.O.O. JEFF MILLER

It's nearly Christmas! I hope you have wonderful time spent with family and friends, and celebrate the reason for the season along the way! For Christmas this year, Neal requested a new ambulance for the department, and it was just ordered; however, it will likely not be here until May.

I am encouraged by the leadership and the direction the department is headed. Congratulations to **Steve Keller** in his newly appointed leadership position. Steve has many years of excellent experience and skill, and I know he has the potential to do great things in his new role.

I want to take a moment to thank the leadership team and those that have worked hard to complete strategic action plans for the department. I know a lot of work was done to complete these actions and move the department forward to providing better communication, quality, and improve staffing. **Theron Becker** was instrumental in creating better communications for the department and organization and his efforts are greatly appreciated! **Aaron Weaver** helped put in place the new BLS ambulance. **Alice Roberts** has taken more responsibility, and is doing a great job managing Osceola and Hickory Counties. A special thank you goes to **Tom Liberty** for his help leading Hickory County. **Tom Ryan** continues to do a great job in Cedar County. **Morgan Young** has been instrumental in Emergency Preparedness. **Brice Flynn** has been working on safety, standardization of policies and ambulance supplies, as well as physical fitness opportunities.

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## EDUCATIONAL OPPORTUNITIES

### **CMH EDUCATION:**

- 1-12 PALS Renewal  
830a-5p
- 1-17 ACLS Renewal  
830am—5pm
- 1-25 ITLS (EMS)  
830am-530pm
- 1-26 PALS Renewal  
830a-5p
- 1-30 ACLS Renewal  
830am—5pm

\*To register, contact CMH  
Education Services at 328-6769

## 2017 EMT & Paramedic Refresher

**Sat. Jan 21st**

**Sun. Jan 22nd**

**Sat. Jan 28th**

**Sun. Jan 29th**

**Sat. Feb 4th**

**Sun. Feb 5th**

**\*\*Class starts at 8am each date**

## SPECIAL OPERATIONS—MORGAN YOUNG

Hello CMH EMS,

How are you guys? Things seem to be going well here in El Dorado Springs. It won't be long until we have a new CMH clinic here in town. All of us in Eldo are a little excited about that.

Winter time is upon us. Please make sure you are checking winter specific things. Have a coat or another couple of layers to wear while on shift. When it is below freezing, make sure to wash the ambulances in the garage. Then remember to dry out the door frames on the exterior areas. If you do not, the ambulance doors might freeze closed. That might prove to be inconvenient on a call. Squeegie the excess water off the garage floor to avoid staff slip and falls!! The other safety thing to consider is walking like a duck.

The days of Dec 6th through the 9th, I attended a conference coordinated by the Four Corners Emergency Management Association. It is a neat organization that reaches across the state lines of Missouri, Kansas, Oklahoma, and Arkansas for emergency planning and disaster management purposes. There were many people there from Southwest Missouri from here to the state line and beyond. It is nice to know and meet your neighbors long before a disaster happens, and networking with them now is important. I challenge you to read our plans and meet our neighbors yourself.

Now that I am back to work, I will start working on the After Action Report from the active shooter drill that Parkview Geriatric Wellness held in November. It was a good exercise with plenty of discussion about our internal response as well as active shooter topic itself. I am sure this exercise will focus some of the hospital's emergency preparedness training over the next year. One comment I have noticed from those who were actively involved with the drill was that they wished there were some EMT's there. Our absence was noticed!!

Be Careful,

Morgan Young, A.A.S. CCEMT-P I/C  
EMS Special Operations Coordinator



*"When it is below freezing, make sure to wash the ambulances in the garage. Then remember to dry out the door frames on the exterior areas."*



In early December, CMH EMS Management team attended the 2016 Leadership Development Institute. It appears Rudolph also attended. Look at the smiles on their faces!!

l to r: Theron Becker, Alice Roberts, Rudolph, Aaron Weaver, and Thomas Ryan

# LIFE & TIMES FROM THE BEAUTIFUL STOCKTON LAKE

*As this year draws to an end,  
I send these notes to coworkers and friends,  
So thankful are we blessing and galore,  
To know and work with each and every one we  
adore.*

Winter is upon us, and so is the silent killer - carbon monoxide (CO). CO is an odorless, colorless gas that can pass through porous material of finished walls and ceilings, to seep from room to room or dwelling to dwelling, in a multi-unit building. Approximately 500 deaths occur yearly in the United States from non-fire related CO exposures, with the majority occurring in winter. CO causes nonspecific symptoms that require a high index of suspicion to make the diagnosis.

Carbon monoxide (CO) is generated during the combustion of fossil-fuel by any piece of equipment or machinery with a combustion engine. Home sources include malfunctioning fuel-burning appliances, such as gas furnaces, ranges, or water heaters. In the winter, people get into trouble by bringing charcoal grills, gas space heaters, or fires indoors. Fireplaces with blocked or faulty chimneys or flues can cause dangerous amounts of CO accumulation. Additionally, during power outages, portable generators operated inside a house, crawlspace, or garage cause deaths every year. Carbon monoxide detectors should be in every dwelling having a fossil-fuel burning heater or appliance, fireplace, or an attached garage.

CO binds to hemoglobin and blocks the ability of hemoglobin to carry oxygen. Because of the vague symptoms, CO can be misdiagnosed as an influenza-like illness or gastroenteritis. Common symptoms include headache, nausea, dizziness, ataxia, and weakness. Prolonged exposure or higher levels may result in confusion, seizures, loss of consciousness, or coma. The gold standard for diagnosis is measuring the blood CO (COHg) level using a CO-oximeter. Since COHg levels decline after removal from exposure, normal or slightly elevated COHg levels do not rule out exposure. Pulse oximetry is of limited value because COHg is misinterpreted as oxyhemoglobin.

In suspected exposures, initial resuscitative efforts focus on removing the patient from the exposure source, stabilization of vital signs, and administration of 100% oxygen. Patients should be transported to the nearest facility for continued care, Thoughts to remember:

- ☞ CO exposure is common.
- ☞ CO is misdiagnosed as the flu or gastroenteritis.
- ☞ Be vigilant for exposures in winter, if more than one person is experiencing similar symptoms.
- ☞ If symptoms occur spatially related to a potential source, then consider CO exposure.
- ☞ Pulse-oximeter is inaccurate for detecting CO.

Don't forget to put extra THERMAL blankets on your trucks, and extra hot packs on the head of the cot.

## **Board Notes:**

The board is reviewing the 2017 budget, they are looking at replacing 712 in El Dorado,. They just have to hold a meeting as they had to cancel Nov and Dec. due to lack of quorum. The board is trying to schedule a special meeting at the end of Dec.

## **Personnel:**

We would like to welcome **Lyman Taylor** to Cedar County. He will start working more in the next few weeks to help him become familiar with the area. Please take a moment to welcome him, and make him feel at home!

**Bill Walker** and **Missi Painter** recently transported a STEMI from Cedar Co Memorial to CMH. The patient was initially going to be transported to another facility in Joplin, but after explaining to Dr. Moran at CCMH about the Cath Lab at CMH, he made the necessary calls, and the patient was quickly transported to CMH, directly to the Cath Lab, where Dr. Best and staff provided their magic. The patient was discharged to home in 2 days! Great Job guys!!

Tom Ryan  
Ops Mgr Cedar Co.

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## **CMH EMS Mission Statement**

To provide safe, exceptional and compassionate care to our communities  
with an emphasis on highly trained and empowered EMS staff.

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## NOTES FROM NEAL

Continued from page 1

I want to thank everyone for the patient care and compassion you show to your patients and community. The department leadership helped develop our mission statement but you inspired it.

A new ambulance has been ordered it will arrive in May. This ambulance will replace 701 which is out of service due to a motor that is not worth repairing.

Uniforms Budget: We have to put ordering uniforms on hold for 90 days and then reevaluate. We received a bill for uniforms from last fiscal year that had to be paid. It was a large order, and the amount put us way over budget for this year. This was unplanned; we have to get our budget back inline. If uniforms are destroyed on a call, let your Base Manager know and we will evaluate on a case by case basis.

I am beginning to work on capital and operational budgets for FY 17/18. We will be looking at capital equipment that we need to purchase and equipment we need to replace. We will have LP-15's, cots, as well as 2 ambulances at the top of the list. We will have to make some hard decisions as we prioritize our requests. We are considering trying Demmers ambulances for our next ambulance purchases. We are looking at type 1 on a Dodge chassis with a 164" box. We have had a demo unit here twice and there seems to be a consensus that we should try a Demmers truck. With the new changes in KKK specs. and the unavailability of chassis for a type 2, the cost of ambulances continues to climb.

Thank you for all you do. Be Safe.

Happy New Year!

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***"If you want to be successful in life, simply help others get what they want or desire, and they will help you get what you need."***

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## FROM THE DESK OF THE C.O.O. JEFF MILLER

Continued from page 1

I also wanted to send a special thank you to Melisa (**Missi**) Painter who takes the time to create this newsletter. What a great skill set she has, and we are so appreciative of her efforts. Of course, a big thank you to **Neal Taylor** for his good work and overseeing all of these action plans. The list could go on and on with all the hard work and accomplishments of the department and the individuals that are willing to put in the work to accomplish these action plans. Anytime you have success or accomplishment, there is always hard work involved by individuals to make it happen. If you would, please take a moment to thank these individuals for their hard work and let them know they are appreciated for their efforts to improve the department.

All of this hard work and accomplishments remind me of Habit #4, which is Think Win/Win. We are so programmed to think win/lose. Everything you see on TV, sports, society, etc. is win/lose mentality. Thinking Win/Win means sometimes letting the other person get what they want. This is actually a very difficult task since we are so programmed to think win/lose. If you want to be successful in life, simply help others get what they want or desire, and they will help you get what you need. This requires having an open mind and takes a little more effort to work to find a common solution to a problem that creates a win for all parties involved. The accomplishments listed above required a great deal of thinking win/win and helping others get what they want so we are able to get what we need to move the department forward.

Feel free to let me know what you are thinking or if you would like any more information about the 7 Habits of Highly Successful People. You can email me or call me at X6500. Thank you

Jeff Miller,

Chief Operating Officer

# HICKORY/ST. CLAIR COUNTY NEWS



Happy New Year!

As we move forward in 2017, we will be shoring up our tagging system, the supplies we carry on the truck, and our stations. There have been some things (I have notes on) that will be mentioned during shift changes, staff meetings, and my visits. We need to continue working on these duties, and holding each other accountable for their completion.

A few of these things are as follow:

- ☞ Doing your morning truck checks and filling out the paperwork that is associated with it.
- ☞ Daily station duties and marking them on the check sheet.
- ☞ Keeping run numbers in numerical order (December has been a bit of a mess).
- ☞ Everyone needs to go through and review the new protocols.
- ☞ Review Hospital/PHS policies.
- ☞ Writing good, solid trip tickets.
- ☞ Working together as one team with the same end goal.

We will also be seeing some changes in staff as **Brian Whalen** is our new sheriff in Hickory County. He worked for CMH full time, and for the last several years as PRN, and has been a great asset to Hickory County and our department. Brian will be moving to Polk county PRN. Our loss is their gain!

The end of the month, we will be saying good bye to **Charlie Wallen** at the El Dorado Station. Charlie will be retiring, and turning the page to the next chapter in his life. Charlie will also be greatly missed, and we also wish him the best of luck as he begins this new chapter.

These two individuals have been a strong influence over the years for me (and others) in our department. They have earned a lot of respect, and were employees that could be looked up to for many different reasons. When you see them, let them know how greatly you appreciated their hard work, dedication, friendship, and service to our communities.

***WE WISH BOTH OF YOU THE BEST!!!!***

I will be gone on vacation the end of the month, and with that said one or both of the other managers will be finishing up the work schedule that will start on Feb. 5<sup>th</sup>. This will be the first time I will be handing the reins over for someone else to finish the schedule. I have faith Aaron will do a wonderful, if not better job, than I have done. It will be imperative that all request off and your availability be turned in by the due dates WITH NO EXCEPTIONS to me. I want to provide Aaron with everything submitted to make putting this schedule together as easy as possible.

ALL REQUEST OFF from Feb. 5<sup>th</sup> to March 18<sup>th</sup> will need to be submitted by January 13<sup>th</sup>. NO EXCEPTIONS.

ALL AVAILABILITY NEEDS TURNED IN BY: JANUARY 18<sup>TH</sup>

NEW SCHEDULE OUT: January 27<sup>th</sup>.

Theron will email and import the schedule to google document after the schedule is completed.

REQUEST OFF: Mandatory that all request off be turned in through Kronos. Our staffing is a lot better than it was last year and we are currently approving two request off, with the same licensure, at the same time again. I already have a request off turned in as far out as June. If you have a certain time frame of the year that you like to take your vacation, I highly recommend you do not wait until the last minute to do so. Otherwise, that time frame may no longer be available to you.

Alice Roberts BS, EMT-P, I/C  
Hickory-Osceola Operations Manager

## Schedule

**Next Schedule:**

**Feb 5<sup>th</sup>—March 18<sup>th</sup>**

**New Schedule Out:**

**January 27<sup>th</sup>**

**Request off: Must be submitted in Kronos by January 13<sup>th</sup>**

**NO EXCEPTIONS!**

**Availability: Due January 18<sup>th</sup>**

**New Schedule Out:**

**January 27<sup>th</sup>**

**Remember: All request off should be submitted through Kronos!!**

## EDUCATION/CLINICAL NEWS—THERON BECKER



As I write this, I'm sitting in Mercy's NICU with my three-day-old daughter who, apparently just forgets she needs to breathe every now and then. This gives me a different perspective this month with three things that come to mind:

1. If you don't do the basics in life well, the rest is irrelevant.
2. Don't complain about how bad it is, because the family next door may be having the worst day of their life.
3. Hospitals are complex organisms and my career in EMS made me think I knew "how it should be done," but my past couple days as a patient makes me realize there is so much going on behind the scenes, I need to have more patience.

**One:** Do the simple things very well before worrying about the rest. Simple things for us are things like:

- ☒ Check your truck.
- ☒ Clean up after yourself.
- ☒ Buckle your seat belt and drive the speed limit.
- ☒ Take your equipment to the patient expecting to have to work, not gambling you won't need it.
- ☒ When I see something as simple as a garage door left open, it makes me wonder if the crew is so lazy they can't push a button and check the door closed behind them, why would I want them taking care of my family?

**Two:** There are always things to complain about: But why? The day my daughter was born was beautiful. What does it matter that it took multiple IV attempts, multiple anesthesia attempts, food orders got mixed up, and our room had no heat? Everyone was friendly and genuinely cared for us as they did their best to make us happy. As a patient, I was more comfortable with positive attitudes and equipment failures than I would have been with bad attitudes and everything working perfectly.

**Three:** Ever get frustrated when you show up for a transfer and the patient or paperwork isn't ready? From the time my daughter stopped breathing (only stopped for a few seconds and was otherwise stable) until she was on the road to Mercy last night was four hours. The nursing staff was going 100 MPH for that entire four hours. When the transport team got there, doctor's orders had been completed and documentation just barely done in time. An impressive amount of work was done and it gave me an appreciation for efforts EMS usually doesn't witness. We should be offering to help these over-worked nurses instead of being frustrated when things aren't ready for us.

Final thoughts:

- \* Cherish your family and friends.
- \* Don't be lazy.
- \* Be positive.

Theron Becker  
EMS Clinical Officer

### CONGRATULATIONS

#### YEARS OF CMH SERVICE

**16 Years**

**Cheryl Andrew**

**3 Years**

**Missi Painter**

#### January Birthdays

**Justine Krueger 30th**

**Tim Bradley 31st**

**Cody Liccardi 31st**

**CMH EMS**

**Christmas Gift**

**If you have  
not received**

**your  
Christmas gift,  
check with  
your county  
manager.**

*"An impressive amount of work was done and it gave me an appreciation for efforts EMS usually doesn't witness."*

## POLK COUNTY NEWS - AARON WEAVER

After the first of the year, we are going to put together an equipment committee. The purpose of this committee is to look over inventory to see if what we have is still effective. Also, the committee will discuss and find new (or different) type of equipment that is needed. We would like at least one person from each county to participate so we can get input from the entire service. If you are interested in joining the committee, please let your manager know.

**Steve** has accepted Polk County supervisor position. He will be working with personnel as well as working with the FTO (CES) program, and the QA process. He has already started by doing RSI scenarios so we can get the RSI on the trucks.

I would like to thank everyone for what you all do here at CMH. I would like to thank **Steve** for continuing to order our supplies, **Goldie** and **Chris** for ordering the

medications, and **Jason** for making sure the trucks are getting taken care of at fleet.

I would also like to thank the FTOs (CES) for doing QA in their down time. I have noticed an improvement in documentation. We still have more room for improvement, but we are heading in the right direction.

All of our scores are improving with the 12 lead within 10 minutes of patient contact. GREAT WORK! Don't let up! Continue to strive to get those scores to 100 percent.

I hope each and every one had a great holiday season! Let's make 2017 great....

Aaron Weaver, Paramedic  
Operations Manager - Polk County  
CMH EMS

## HEALTH AND SAFETY NEWS—BRICE FLYNN

Happy 2017! I hope you had a good celebration to bring in the new year. I have worked on the daily workout sheets that will be showing up in your stations. Please feel free to use the back of your daily ambulance check sheets to print them off so that each crew member has a reminder to do some type of physical activity during his or her shift. Also, I encourage everyone to look over the Ferno Injury Free videos and to make a plan to incorporate some type of daily physical training while on shift.

As we all know, with the holiday season comes the holiday season weight gain. Let's turn the page into 2017 by eating as "cleanly" as possible - whole fruits and vegetables, whole grains, nuts, and no processed meats. What we want and need to avoid is sugar and processed foods and to select food that is as close to its original form as possible. Additionally, for packaged foods, glance at the ingredient list and ask yourself, "Do I know what these ingredients are? Are they familiar and pronounceable? Can I picture what each of these individual ingredients looks like on its own?" Ideally, the answers to all of these questions will be "yes."

Finally, I am still in need of volunteers for a Make-It-Better Team to review and improve the ambulance stock list. Please contact me if you are interested in participating in that committee or if you have suggestions for changes.

Thank you for your time. I look forward to supporting and serving CMH EMS this coming year.  
Brice Flynn  
NRP, I/C, AAS, BA  
Health and Safety Chief



### FentanylSafety.com Provides More Support

Our friends and colleagues to the north have a new resource on the illicit drug Fentanyl for first responders. The Royal Canadian Mounted Police and the Justice Institute of British Columbia have developed [FentanylSafety.com](http://FentanylSafety.com) to provide information on how the fentanyl epidemic affects first responders, their jobs, and their safety.

This issue has no borders; Canada is experiencing the same kinds of issues as the United States. There is an "overdose crisis" due to the spike in heroin addiction, but the use of Fentanyl to cut heroin creates a threat to first responders. Fentanyl is 100 times more potent than morphine. It can be inhaled, ingested, and absorbed through the skin if adequate personal protective equipment is not used. As little as 2 milligrams is lethal.

This new website educates first responders on what Fentanyl is, the occupational hazards, analogues of the drug, how to recognize overdoses, handling guidelines, and use of Naloxone. It has job aids for police, fire, EMS, and hazardous materials personnel. The information contained on this site could be lifesaving. Take the time to review it and pass it on to others in your department or agency.

(Source: FentanylSafety.com)



# EMS STEMI

## STEMI Case Report – H1035931

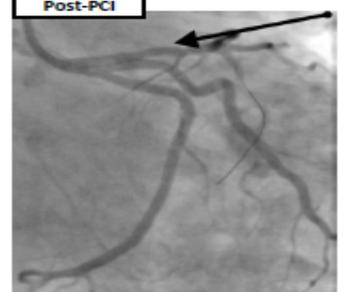
11/9/16

Patient	S/S Onset	911	FMC 2ECG	Scene Time	CMH Arrival	D2 Actv	ED DIDO	CCL Time	D2B	FMC2B	Ischemic Time for Patient	Dr.	Quality Measures
81 y/o	8:00	10:45	2 min	18 min	11:47	-17 min	BYPASSED	12 min	19 min	57 min	4 hr, 6 min	Best	100%
F			Goal <10	Goal <20		PRE-ACTV!	Goal <30	Radial	Goal <90	Goal <120	Goal <4 hr	Swinney	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
911 called from home in Humansville; Initial ECG normal – STEMI identified upon serial 12/15-lead ECGs en route – transmitted & pre-activated – ED bypass & direct to CCL	Sudden onset of severe chest pain associated with nausea	Anteroseptal STEMI	95% prox-LAD → DES Discharged home two days later



Pre-PCI, 15-lead config



EMS – Weaver, Burns | ED – Dr. Swinney, Swaggerty | CCL = Dr. Best, Bowden, Richardson, Cantrell, Ledford | Social Services = Sanders | ICU = (Admit) Breesawitz, (D/C) Hoskins | CR = Lentz  
**FMC** = First Medical Contact | **DIDO** = Door In Door Out | **FMC2B** = FMC to Balloon  
**LAD** = Left Anterior Descending | **DES** = Drug-Eluting Stent | **EF** = Ejection Fraction



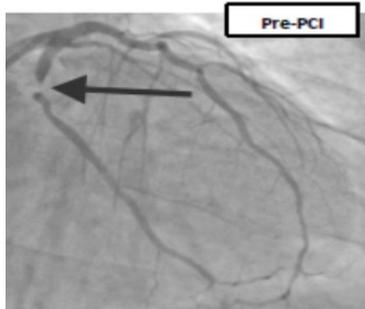
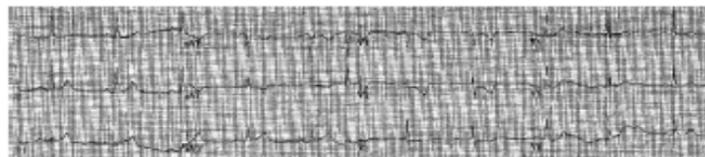
Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg by EMS
ASA @ D/C	MET	ASA 81 mg
Antiplatelet @ D/C	MET	Brilinta
Beta Blocker @ D/C	N/A	Contraindicated
Statin @ D/C	MET	Crestor
ACE-I / ARB for LVSD @ D/C	MET	Valsartan
LV Evaluation @ D/C	MET	LV
Smoking Cessation Advice	N/A	N/A
Cardiac Rehab Referral	MET	YES

## STEMI Case Report – H1038996

11/23/16

Patient	S/S Onset	FMC	FMC 2ECG	STEMI 2 Dispatch	STEMI 2 Depart	CMH Arrival	D2 Actv	CCL Time	D2B	ECG2B	Ischemic Time for Patient	Dr.	Quality Measures
64 y/o	20:30	21:07	5 min	8 min	41 min	22:45	-50 min	18 min	22 min	100 min	2 hr, 37 min	Best	100%
F		CCMH	Goal <10	Goal <11	Goal <30	CMH EMS	Goal: PRE-ACTV	Radial	Goal <90	Goal <120	Goal <4 hr	Moran	ACC Recommendations Met

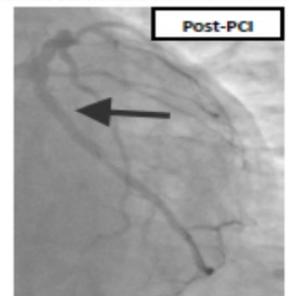
Narrative	Chief Complaint	Diagnosis	Outcome
Sought care at CCMH for chest pain, which began 30 min prior. Initial ECG negative – Repeated ECG with onset of increased CP & nausea revealed STEMI. Mercy Springfield contacted – accepted patient. Air ambulance unavailable due to weather, so ground EMS dispatched. When CMH EMS arrived, relayed CMH closer per TCD guidelines – CMH contacted – accepted patient. ECG transmitted en route – Bypassed ED – Direct to CCL.	Onset of severe chest pain while at rest with radiation into her left shoulder, associated with dizziness, nausea, and diaphoresis.	Inferolateral STEMI	95% prox-LCx → DES x2, EF = 55% Discharged home in stable condition 2 days later



CCMH – Dr. Moran | EMS – Walker, Painter | ED – Gordon | CCL = Dr. Best, Bowden, Mayhew, Menard, Richardson | Social Services = Sanders | ICU = (Admit) Ballard, (D/C) Stevens | CR = Bristow (KEY: LCx = Left Circumflex | DES = Drug-Eluting Stent)



Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg by CCMH
ASA @ D/C	MET	ASA 81 mg
Antiplatelet @ D/C	MET	Brilinta
Beta Blocker @ D/C	MET	Metoprolol
Statin @ D/C	MET	Atorvastatin
ACE-I / ARB for LVSD @ D/C	N/A	EF = 55%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	MET	Yes
Cardiac Rehab Referral	MET	Phase 1 CR



# Opening January 3rd!

CMH El Dorado Springs Medical Center located at 322 E Hospital Road will be opening January 3rd. Grand Opening & Ribbon Cutting will be held on January 20th at 10:30am.

**Morgan** and **Missi** took a tour of the facility recently. EMS entrance is located at the rear of the facility. The photos below demonstrate how they would like us to place the truck for calls at their facility. There is plenty of space to back in but make sure you do not key the truck radio until clear of the awning.

